The John Snow Project

EDITORIAL

Where are our leaders?

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The social, economic and public health costs of pretending we can live normally by ignoring COVID-19 are not sustainable.

Newsweek recently published a commentary[1], which notes the alarming rise in disability and excess mortality in the United States. Unfortunately, the authors suggest the declining state of general health might have something to do with COVID-19 vaccines and seem to ignore the enormous body of research showing that SARS-CoV-2 (the virus that causes COVID-19 and is known to infect every organ system and cause widespread dysfunction) is responsible for these harms.

The authors of the Newsweek piece assume that COVID-19 deaths are limited to those directly ascribed to COVID-19 infection on the death certificate. They seem oblivious to the possibility that a virus that can infect every organ and has been shown to cause a wide range of sequelae[2-5] might be leading to a rise in all-cause morbidity[6,7] and mortality[8-11] beyond the timescale of acute infection. Many countries have already experienced a drop in life expectancy, including in 2020 before vaccines were widely available. Vaccine skeptics are promoting the dangerous falsehood that COVID-19 vaccines, not COVID-19 itself, are the cause of the unprecedented decline in almost every measure of public health. In reality, evidence shows that excess mortality related to COVID-19 is highest in areas with low vaccination rates[12].

By remaining silent or downplaying the ongoing risk of COVID-19, governments have abdicated their responsibility to provide their citizens with reliable public health information. Misinformation peddlers, grifters and the ill-informed have filled the gap, sowing doubt and fear about one of the most important things that might offer some protection from the harms of a widely circulating virus: vaccines. By every measure, be it reducing mortality[13,14], improving short-term morbidity[15,16], or reducing the long-term ill-health impacts[17,18], vaccines are effective at taking the sting out of COVID-19's tail. They are less effective against transmission because of waning immunity and immune escape due to virus mutation, but they are beneficial by any measure and are not responsible for the excess mortality and morbidity being seen around the world[19]. Vaccination rates are in fact strongly correlated with improved survival[20,21].

Governments need to step up to correct the record loudly. The quiet warnings issued by the World Health Organization and some governments about the ongoing risks of COVID-19[22,23] need to become much, much louder. People need

ongoing risks of COVID-19 need to become much, much louder. People need to be made aware of the potential harms of each and every infection, and in addition to providing accurate information and closing the knowledge gap that is allowing merchants of doubt to flourish, governments need to take urgent action to address the root cause of the problem. We need to work towards stopping transmission of COVID-19 in the community, and we need to do it with a concerted push to broaden availability of vaccines and boosters, to clean the air and normalise N95/FFP2 or better respirators in all public settings, particularly in healthcare and education[24, 25].

Some media organizations around the world are slowly starting to realize there is a global shortage of workers in high-contact professions. Teachers are in short supply everywhere from America to Australia[26-33]. Bus drivers are scarce across Europe[34]. Britain is running out of nursery workers[35], prison officers[36] and probation officers[37]. Medical professionals are unable to keep pace with demand and are experiencing record levels of burnout[38-42]. Healthcare workers are also suffering the impact of Long COVID[43-47]. A few more attentive media organizations are making the link and warning about the ongoing harms of repeat SARS-CoV-2 infections[48-50]. Long COVID is already impacting the economy by causing reduced workforce capacity[51].

The general population is showing worrying signs of decline, with cognitive dysfunction being observed on a huge scale[52]. Chronic absence is generally defined as missing 10% or more of the academic year. Such absences from school have risen around the world, with 20% to 30% of students missing 10% or more of the school year in many high-income nations[53-56]. Australia has experienced a chronic absence rate of more than 50% in grades 1 to 10[57].

People complain about being persistently ill and unable to shake infections throughout social media, and this is reflected in increased healthcare demand. Long COVID continues to be a huge and growing problem, as are the many sequelae of COVID-19 that aren't caught by the official definitions of Long COVID[58,59] which are much shorter than the symptom list curated by the Patient Led Research Collaborative[60].

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There was a period in 2020 and 2021 when vocal commentators on social media sought to downplay the harms of COVID-19, but there can now be no doubt. COVID-19 damages the heart, brain, kidneys, gut, lungs, liver – in fact there is no organ or system that is untouched by this virus. Not that there ever was real doubt this would be the case – all of these effects on internal organs other than the lungs as well as the long-term damage to the lungs itself were documented during the original SARS outbreak in 2002-2004 and in the course of subsequent research [61-91]. It was known that some of the damage from SARS was irreversible [92].

COVID-19 causes an increased risk of death, heart attacks, strokes, and blood clots for at least 6 months after the infection, and is contributing to substantial disability in society [93]. While there is some recovery in people with Long COVID, some of the damage appears to be irreversible for some people [93]. These ongoing harms are recognized by some of the world's leading scientific and medical organizations [94-100] but, perhaps because the predominant messaging has downplayed risks for years now, their warnings have yet to infiltrate public consciousness or influence the thinking of policymakers.

We've previously written about the immune system dysfunction caused by COVID-19 [101], and more evidence has now come out in this regard. Children infected by COVID-19 appear to be at more risk of RSV infection [102] and Strep A [103]. While often chalked up to the convenient fiction of 'immunity debt' (that lack of exposure has weakened humans' immune systems—a theory that is unproven and is, frankly, contradicted by common sense and basic immunology [101] - this is actually a signal of immune harm caused by a pernicious virus that exacts a toll for every infection and will reinfect many people many times in their lives.

The risk of heart attacks, strokes, blood clots and other cardiovascular illnesses caused by COVID-19 is exacerbating what was already the greatest global burden of disease - cardiovascular disease - and likely the cause of much of the observed excess mortality. It is also clear that vaccines provide a measure of protection against cardiovascular outcomes of COVID-19 [104].

With cognitive performance declining in the young, measured both by surveys as well as standardized test scores [105-107], shortages across the world in a range of

professions, increased acute and long-term absences from school and work due to ill-health, rises in long-term disability and associated social security claims, we need to ask where are our leaders?

Which government minister is going to take on the task of educating the public about the true harms of COVID-19? Which government will implement the measures needed to prevent the gradual attrition of key pillars of society?

The social, economic and public health costs of maintaining the fiction that we can live normally by ignoring COVID-19 are simply too high for this "business as usual" situation to continue and the rate of attrition is too high for this to be sustainable.

We need a concerted push for properly matched, updated boosters [108]; clean air policies, respirators to be made the standard in healthcare settings long-term and in everyday society when COVID-19 levels are high; a massive public information campaign to encourage regular testing and isolation to minimize cases and harm; and investment in next-generation vaccines and therapies that will reduce the threat posed by COVID-19. We also need massive investment in Long Covid therapies to help those already harmed by SARS-CoV-2.

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Learn more about the editorial COVID-19

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This absurd pretense cannot continue. Many people already know it in their hearts. But who will be the leader brave enough to say it?

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